



USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/___/04

FEE TRANSMITTAL For FY 2005 <i>(Reflects USPTO filing fees in effect from 12/08/04)</i>				Complete if Known																																																																							
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div><div>TOTAL AMOUNT OF PAYMENT (\$) 585.00</div></div>				Application Number		10/664,050																																																																					
				Filing Date		September 17, 2003																																																																					
				First Named Inventor		Ru Chih HUANG																																																																					
				Examiner Name		I. Marx																																																																					
				Art Unit		1651																																																																					
				Attorney Docket No.		02240-218200																																																																					
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																							
<div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____</div>				2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>50</td><td>25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>200</td><td>100</td></tr><tr><td>Total Claims</td><td>Extra Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td></tr><tr><td>- 20 =</td><td>0</td><td>x 50</td><td>= 0.00</td></tr><tr><td>Indep. Claims</td><td>Extra Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td></tr><tr><td>- 3 =</td><td>0</td><td>x 200.00</td><td>= 0.00</td></tr><tr><td colspan="2">Multiple Dependent Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td></tr><tr><td colspan="2"></td><td>180.00</td><td></td></tr><tr><td colspan="2" style="text-align: right;">Subtotal (2) \$</td><td></td><td></td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 20 =	0	x 50	= 0.00	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 3 =	0	x 200.00	= 0.00	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)			180.00		Subtotal (2) \$																									
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SUBMITTED BY																																																																											
Signature				Registration No. (Attorney/Agent)		36,830																																																																					
Name (Print/Type)		Ann S. Hobbs, Ph.D.		Telephone		(202) 344-4000																																																																					
				Date		January 23, 2006																																																																					